Presumptive Eligibility Test 2014

Read the ENTIRE question, and then fill in the circle next to your answer.

1.	 Pregnant Women Parent/Caretaker Relative Medicaid Former Foster Care Children Women seeking treatment for Breast or Cervical Cancer Children All of the Above
2.	Presumptive Eligibility coverage begins on: The date the person comes in to the Facility The date requested by the Applicant The date a Qualified Entity makes a PE determination The first of the month
3.	A person may have Presumptive Eligibility: Once every 6 months Once every 365 days, or once per pregnancy As often as needed
4.	What is the first step in the Presumptive Eligibility process? O Filling out the PE Application O Counting how many people are in the household O Verifying existing coverage or former PE coverage on the Web Portal O Writing down the date and time a patient comes in to the Facility
5.	Social Security Numbers are required for all persons listed under "Household Information" on the PE Application. ○ True ○ False
6.	PE applicants must be U.S. citizens or Qualified Non-Citizens AND Montana residents. O True False
7.	No hard copy documentation or verification of income is required for Presumptive Eligibility. O True O False

8.	Which two of the following types of income are not counted toward Combined Total Monthly Gross Income?
	Monthly gross wages
	○ Worker's Compensation
	○ Child Support
	○ Unemployment
9.	Mary is applying for Pregnant Woman Presumptive Eligibility, and she is expecting one child. Mary's two children and her boyfriend Sam live in the same household. Sam is not the unborn's father. How many people would be included in this Household Size? O Five O Three O Four
10	 Breast and Cervical Cancer applicants must present additional documentation to be determined presumptively eligible. True
	O False
11	 Grandparents whose grandchildren live with them can be counted in Household Size for HMK Plus or HMK Presumptive Eligibility, and their incomes are counted. True False
12	 To make a determination of Presumptive Eligibility for most categories, Qualified Entities need: Names and ages of those applying for PE Combined Total Monthly Gross Income Household Size All of the above
13	. Qualified Entities MUST COMPLETE every item in the "FOR OFFICE USE ONLY" box on the PE Application. ○ True ○ False
14	 Qualified Entities must submit a completed <u>PE Application</u> AND the <u>Proof of Temporary Coverage form</u> to the State by SCAN or FAX within 5 days of the date Presumptive is determined and keep verification of when the forms were SCANNED or FAXED. True False
15	 Qualified Entities should either assist applicants with completion of the Application for Health Coverage, or refer them to someone who can assist them. True False